

# Adult Care Strategic Agreement

Between:

**Torbay Council  
and  
Torbay and South Devon NHS Foundation  
Trust**

For the delivery of:

**Adult Social Care April 2020 to March 2023**

**Final**

**DRAFTING NOTE:**

- THIS DOCUMENT REMAINS DRAFT UNTIL APPROVED BY BOTH PARTIES.  
IT IS BEING CONSIDERED BY BOTH THE TRUST AND THE COUNCIL  
THROUGH STANDARD GOVERNANCE PROCEDURES

## Contents

Introduction .....	4
1.1 Scope of the Agreement .....	4
1.2 Summary of services to be provided.....	4
2 Adult Social Care Commissioning Priorities .....	6
2.1 New Models of Care.....	6
2.2 Autism Spectrum Conditions.....	6
2.3 Learning Disabilities .....	7
2.4 Mental Health .....	8
2.5 Social Care Workforce .....	9
2.6 Safeguarding Adults .....	9
2.7 Carers .....	9
3 Current Services .....	11
3.1 Activity Baseline and Planning Assumptions.....	11
3.2 Projected activity.....	11
3.3 Operational Delivery, Monitoring & Oversight .....	12
3.4 Adult Social Care Workforce .....	12
3.5 Safeguarding.....	13
3.6 Delivery and Performance Management: Adult Social Care Services.....	14
4 Service developments.....	15
4.1 Social Care Workforce Plan .....	15
4.2 Strengths Based Approach .....	16
4.3 New Approaches to Person Centred support Planning .....	16
4.4 Self-Directed support – including Individual Service Funds and Direct Payments .....	16
4.5 Integrated Care Model (ICM) Implementation .....	16
4.6 Services for people with learning disabilities including Autism.....	18
4.7 Residential and Day Services for Older People .....	18
4.8 Reviews .....	18
4.9 Key Milestones .....	19
4.10 National: CQC (Care Quality Commission) .....	19
4.11 Local: Torbay and South Devon NHS Foundation Trust .....	19
5 Finance and Risks .....	20
5.1 Financial Risk Share .....	20
5.2 Efficiency Risks .....	20
5.3 Risks pertinent to Adult Social Care expenditure include.....	20
6 Client Charges .....	21
6.1 Power to Charge.....	21

6.2	Residential and Non Residential Charges.....	21
6.3	Carers .....	21
6.4	Universal Deferred Payments .....	22
7	Governance .....	23
7.1	Adult Social Care Governance .....	23
7.2	Consultation, engagement and involvement process.....	23
7.3	Programme Management .....	24
7.4	Key Decisions.....	24
7.5	Governance of Placed People .....	24
7.6	Individual Roles and Responsibilities .....	24
7.6.1	Torbay Council Executive Lead Adults.....	24
7.6.2	Director of Adult Social Services .....	24
7.6.3	Deputy Director of Adult Social Services.....	25
7.6.4	Systems Director .....	25
7.6.5	Organisational Roles and Responsibilities.....	25
7.7	Emergency cascade .....	25
7.8	Annual Audit Programme.....	25
	Annex 1: Performance Measures:.....	26
	Annex 2: Adult Social Care Improvement Programme oversight.....	30
	Annex 3: Strategic and Micro-commissioning functions – review at ASC Leadership group <sup>32</sup>	
	Annex 4: Emergency Cascade.....	34
	Annex 5: Annual Audit Programme .....	35
	Annex 6: Risk Share Agreement (2020-23).....	37
	37	
	Annex 7: Adult Social Care Governance in Torbay .....	38
	Annex 8: Glossary of Terms.....	39

## **Introduction**

The Strategic Agreement is the working document between Torbay Council (the Council) and Torbay and South Devon NHS Foundation Trust (the Trust) which supports the Partnership Agreement between the organisations for the delivery of Adult Social Care within Torbay. The Adult Care Strategic Agreement (ACSA) is set in the context of the Risk Share Agreement established between the Council, the Trust and Devon Clinical Commissioning Group (the CCG). The ACSA is aligned with the Council's Community and Corporate Plan and the Trust's Operational Plan.

The organisations have a history of working collaboratively within Torbay and are part of the Devon-wide Sustainability and Transformation Partnership. The organisations continue to evidence their strong partnership role in working on both local and Devon-system-wide solutions to use resources to best effect.

This close working is being further developed with the ambition for the formation of a Local Care Partnership within the term of this agreement which will create further links and alignment with the Devon health and cares system.

### **1.1 Scope of the Agreement**

The scope of this agreement is Adult Social Care (ASC) services provided for the population for which Torbay Council is accountable. This will include the statutory duties and obligations in respect of the delivery of ASC services for people who are resident in Torbay but will also include people placed in accommodation in other areas of the country where national policy dictates that the Council remains the accountable authority.

In addition to the services described in this Agreement, the Trust provides other services, including those commissioned by the CCG, NHS England specialist, dental, and screening teams.

Torbay Council also commissions additional services from the Trust including, the Drug and Alcohol Service and the Lifestyles, Health Visiting, and School Nursing service which are commissioned by the Council's Public Health team.

Within the integrated approach of the Torbay care system the parties work jointly to ensure effective and efficient delivery of services. The Trust holds the budget for areas such as Autism, Learning Disabilities and Mental Health. Aspects of these are delivered through other organisations such as Devon Partnership Trust. The system partners will collaborate to ensure a continuous improvement approach to the delivery of care. Roles and responsibilities continue to be reviewed to ensure best use of resources and optimised outcomes.

### **1.2 Summary of services to be provided**

The services provided under this agreement will include:

- Provision of information and advice to people enquiring about ASC services;
- Assessment of need for social care services, including the provision of rehabilitation and reablement services, and an Emergency Duty Service;
- Commissioning and monitoring individual packages of care, including case management assessments under the Mental Capacity Act, Liberty Protection Safeguards (formerly Deprivation of Liberty safeguarding) and engagement in

Court proceedings;

- Monitoring of the quality, performance, and cost of services provided by Trust staff and other providers;
- Safeguarding the needs of adults and older people living in Torbay. This includes delivery of Torbay Council's operational safeguarding responsibilities, servicing the Torbay Adult Safeguarding Board, investigations of individual safeguarding concerns and whole homes investigations;
- Voluntary and Community Sector development and coordination in support of independence, self-care, enablement and improved quality of life;
- Ensuring that services are provided in a cost effective way whilst still offering choice where people are entitled;
- Collection of income for chargeable services, including and assessment of an individuals' financial circumstances and ensuring that people are receiving any welfare benefits to which they are entitled;
- The collection, collation and submission of activity information and performance returns as required operationally, by the Council and to meet local, regional and national requirements and statistical returns;
- The collection, collation and submission of financial returns and budget reports as required operationally, by the Council and to meet local, regional and national requirements and statistical returns;
- Benchmarking Torbay Council's performance and cost against similar Local Authority areas, England and the South West;
- Input to the Joint Strategic Needs Assessment (JSNA) and housing needs assessment as required to ensure strategic commissioning plans and market management is based on relevant, accurate, quality and timely data;
- Procurement and monitoring and management of the local market to ensure sustainable, good quality and affordable services within the strategic approach set by the Council's Adult Social Care and Partnership Commissioning Team in conjunction with Devon Clinical Commissioning Group through decision making structures as recorded in the governance within this document
- Delivery of agreed plans including Adult Social Care-Improvement Plans and those agreed through the Better Care Fund including the commitments to optimise the application of the Disabled Facilities Grant.

## 2 Adult Social Care Commissioning Priorities

The Council's Community and Corporate Plan One Torbay: Working for all Torbay (2019-2023) includes the ambition

'We want Torbay and its residents to thrive' and the mission

'To be a Council that supports, enables and empowers its residents, our communities and our partnerships.'

The Adult Care Strategic Agreement is designed to support the delivery of the plan. It is the Trust's responsibility to ensure the underpinning commissioning activities and associated delivery are supported by timely and accurate data collection and information provision including, finance and performance management information on independent and community voluntary sector contracts and Service Level Agreements held by the Trust. Key areas for development during the period of this contract include:

### 2.1 New Models of Care

- Wellbeing and independence and supporting people to lead the most fulfilling lives that they are able to are at the heart of the approach to care along with using strengths based approaches and community assets to achieve this with those being supported.
- Living Well@Home development programme being a market wide programme in support of the new model of care;
- Support the development of a vibrant voluntary and community sector within the context set by commissioners
- Reducing demand through prevention and early intervention and asset based approaches
- Accelerated innovation particularly in relation to digital offers to support the delivery of timely and proportionate interventions, upskilling of care staff to support the workforce to work to the top of its license, and to provide holistic, multidisciplinary interactions with clients and patients
- A focus on co-design with the community and voluntary sector and Torbay residents.
- A focus on improving independence and reducing demand via a redesign of community services with the community and voluntary sector, including a 'front door' via the community and voluntary sector.
- Council investment in high quality options to support the local care market. This will support independence and the most vulnerable, including projects in extra care housing and residential/nursing for those with dementia.
- A focus on One Public Estate, to maximise the use of statutory sector estate and funds for the benefit of people in Torbay
- Refreshed governance and performance, to hold all organisations to account and within the Council Governance processes.

These will be supported by the development of a detailed approach to Information and Advice provision (in relation to ASC services), a strategic plan for the support of enablement of individuals by the use assistive technology alongside a refreshed strategy for the development of the Voluntary and Community Sector.

### 2.2 Autism Spectrum Conditions

- During 20/21, provide Autism awareness training for social care staff who come into contact with people with autism and ensure compliance with the

Core Capabilities Framework commissioned by Health Education England, which is a key objectives for workforce development in delivering the Autism Strategy.

- During 20/21, ensure that staff of organisations and agencies commissioned by the Trust who come into contact with people with autism have appropriate knowledge and skills, through the provision of Autism Spectrum Conditions awareness training, positive behaviour support and crisis planning;
- Provide specialist training for key staff in the trust who come into contact with people with Autism Spectrum Conditions, including reasonable adjustments.
- To actively contribute towards the reduction in people admitted to hospital under the Mental Health Act by improving understanding, skills, knowledge and support in community services, responses from specialist Approved Mental Health Practitioners (AMHPs), access to community treatment reviews and the Blue Light Protocol
- Provide training and support to social care staff on completing Care Act assessments for people with Autism Spectrum Conditions ;
- Improve the offer of Peer Support for people with Autism Spectrum Conditions through seed funding of small peer support groups
- Key partner and in the development and delivery of the Joint Learning Disability and Autism Strategy and action plan, following the Association of Directors of Adult Social Services (ADASS) Peer Review.
- Develop and sustain an Autism Spectrum Conditions Programme Board (during 2020) being mandatory requirement.
- Strengthen and improve the quality of the supported living market for people with Autism Spectrum Conditions diagnosis through procurement of Supported Living Shared Hours and Supported Living 1:1 Hours contract.
- Improve access to employment, education and welfare benefits through the provision of accessible information and advice services.
- Assessments for people with Autism Spectrum Conditions;

## 2.3 Learning Disabilities

Torbay Council, along with Plymouth City Council, Devon County Council and Devon CCG is signed up to a joint strategy 'Living Well with a learning disability 2018-2021' for adults with a learning disability, including young people who are approaching adulthood.

<https://democracy.devon.gov.uk/documents/s21597/Joint%20Strategy%20for%20Adults%20with%20Learning%20Disability%20FINAL.pdf>

The refreshed strategy (2018-2022) sets out what we will do together across Devon, Plymouth and Torbay that is best enabled by working at scale. This currently includes:

- Working more closely together to have more appropriate housing that meets the range of needs of people with learning disabilities.
- Working together with local communities, Housing Authorities, District Councils to understand how people are currently supported, and also where they want to live and how they want to be supported. This joint understanding of what is needed in the future to help people achieve what matters to them, will enable us to produce a market development plan.
- Supporting more people with a learning disability in Torbay to develop their skills and find and keep a job, and also increasing the number of opportunities for employment across Devon, Plymouth and Torbay.
- Working together to improve access to healthcare for people with learning disabilities, so that they have improved physical and mental health outcomes

and live longer as a result. The Learning Disability Treat Me Well work and the new Quality Checkers have been looking at accessibility of treatment for people with learning disabilities across Devon and including Torbay hospital.

- Increasing the opportunities in communities for people to live as independently as possible, which means that a wide range of services which are easy to use for people with a learning disability.
- Supporting young people with learning disabilities to develop independent life skills, so that they can lead fulfilling lives as adults.
- Ensuring people with learning disabilities are safe in their communities
- Making sure that we always listen to people with learning disabilities and their families/carers about what matters to them, and include them in decisions about their lives and also the development of services and strategies. The development of the Torbay Learning Disability Partnership Board will support and be a vehicle for this.
- Supporting carers to be able to care throughout the different stages of their lives.
- Developing a diverse and sustainable supported living market for people with learning disabilities

## 2.4 Mental Health

Torbay Council has statutory responsibilities for providing services to eligible people with poor mental health under the Mental Health Act 1983, NHS and Community Act 1990, and the Care Act 2014, which are delegated to the Torbay & South Devon NHS Foundation Trust. These include:

- Approval and provision of 'sufficient' numbers of Approved Mental Health Practitioners (AMHP);
- Guardianship under section 7;
- Financial and Budgetary responsibilities for the whole Mental Health budget, including activity below assigned to DPT.

Mental Health services will be delivered by the Trust in partnership specialist providers as appropriate, for example Devon Partnership Trust. This is in compliance with Torbay Council's statutory duties under the Care Act, Mental Health Act and other relevant legislation, including:

- Aftercare under section 117;
- Care management services, including operational brokerage of social care packages.
- Implementation of the Community mental health framework

The priorities for the commissioned service in 2020/23 are outlined in the Adult Mental Health, Joint Delivery Plan between the Council, Torbay & South Devon NHS Foundation Trust (TSDFT) and its partners. Close working with other commissioners such as the CCG will see this developed and monitored through Adult Social Care Performance Committee as recorded in the governance structure.

- Trust finance team support for improvement plan and development and implementation of cost improvement projects. Torbay Council Commissioners to agree improvement plan and development of cost improvement projects with partners
- Support for integrated personal care planning and brokerage including implementing and embedding systems plans.



- Review and redesign of all current assigned staff roles within the Adult Mental Health contract to ensure value for money and focused approach to delivering better outcomes for people with mental ill health.
- A sustainable supported living market for people with a Mental Health diagnosis through procurement of Supported Living Shared Hours and Supported Living 1:1 Hours contract
- A review of under 65s MH services, including focus on asset and community based wellbeing and prevention

## **2.5 Social Care Workforce**

- Ensure sufficient professional leadership and support to changes to the workforce and implementation of new ways of working;
- Develop capacity within the workforce to deliver the services and provide contingency working and engagement in co-producing new approaches to care work e.g. Trusted Assessor models.
- The opportunity for continued development of the potential for shared arrangements across the Devon Integrated Care System is kept under review not only in respect of commissioning but for aligned service provision to support further enhancements to effective and efficient service delivery. Local initiatives include:
  - Continued development of working arrangements for clarity of roles and responsibilities with the growing independent and voluntary sector;
  - Supporting engagement with independent and voluntary sector providers through the multi-provider forum and associated groups.

## **2.6 Safeguarding Adults**

The Trust will deliver the operational safeguarding duty on behalf of Torbay to:

- Prevent abuse and neglect wherever possible, understand the causes of abuse and neglect, and learn from experience;
- Ensure all organisations embed learning from incidents and case reviews;
- Improve multi-agency practice and processes to improve individual safety planning as part of care and support plans and safeguard adults in a way that supports choice and control and improves their lives;
- Provide information and promote public awareness to enable people in the community to be informed so that they know when, and how to report suspected abuse.
- Work with strategic commissioners and in partnership with independent and community voluntary sector organisations to identify and address issues early preventing escalation through focused service improvement planning to reduce and streamline the number of current safeguarding processes.

## **2.7 Carers**

In line with the priorities established through the redesign of Carers' services the Trust will continue to deliver operational duties to support carers on behalf of Torbay to:

- Provide Carers' Assessments / Health and Wellbeing Checks for Carers of Adults
- Provide support to maintain Carers' health and wellbeing
- Provide Carers' advocacy;

- Promote identification and support of Carers across the wider health/social care community;
- Provide support to commissioners about market development to meet the needs of Carers and those of the people they care for
- Ensure Carers' performance indicators are met.
- Take steps to address reduced performance in the Personal Social Services Survey of Adult Carers in England 2018-19;
- Fulfil the Carers' Strategy 2018-21
- Implement NICE 'Supporting Adult Carers' guidance

In late 2020, consultation will take place with all registered Carers in Torbay about the priorities for the multi-agency Carers' Strategy 2021-24.

### 3 Current Services

#### 3.1 Activity Baseline and Planning Assumptions

Under the terms of this agreement the Trust will be providing, long term packages of care to adults and older people with social needs. In the tables below, this activity (initial business planning baseline) is broken down across age groups and expenditure type. The impact of Covid-19 is still being assessed and the baseline assumptions will be kept under review and updated appropriately in discussion between the signatories to this agreement.

##### ASC - Long Stay Clients Aged Under 65 (snapshot March 2020)

Expenditure Type	Cost per week	Clients'**'	Ave Client Cost
Daycare	£22,039	141	£156
Direct Payments	£98,309	285	£345
Dom Care	£51,504	362	£142
Nursing Long Stay	£6,185	6	£1,031
Residential Long Stay	£137,346	139	£988
Residential Long Stay (Full cost)	£750	1	£750
Supported Living	£110,283	224	£492
<b>Total</b>	<b>£426,416</b>	<b>995</b>	<b>£429</b>

##### ASC - Long Stay Clients Aged Over 65 (snapshot March 2020)

Expenditure Type	Cost per week	Clients'**'	Ave Client Cost
Daycare	£6,410	71	£90
Direct Payments	£34,691	119	£292
Dom Care	£124,610	627	£199
Nursing Long Stay	£51,354	73	£703
Nursing Long Stay (Full cost)	£4,547	7	£650
Residential Long Stay	£279,092	403	£693
Residential Long Stay (Full cost)	£43,528	64	£680
Supported Living	£17,205	27	£637
<b>Total</b>	<b>£561,436</b>	<b>1,311</b>	<b>£428</b>

'\*\*' Please note that some clients have more than one expenditure type and therefore, total client numbers will be lower than the sum of the individual types.

#### 3.2 Projected activity

As part of the Trusts' business planning process, the Trust's Torbay Locality (System) will formulate plans to deliver the capacity required in 2020/21 and annually thereafter within the parameters of the Trust's business planning process and the associated

savings requirements. The service development and saving plan work streams developed through this process will report and be agreed through both the Trust's Transformation & Assurance Group and the Adult Social Care Improvement Board with ongoing monitoring and performance through the Adult Social Care (ASC) Performance Committee.

### **3.3 Operational Delivery, Monitoring & Oversight**

Delivery will be monitored through local operational meetings to include the Performance Committee and the Integrated Governance Meeting, the Trust Board, Adult Social Care (ASC) Improvement Board with committees for strategy, delivery and performance reporting in with their roles including financial run-rates and performance targets both activity and financial.

The Trust will operate autonomously to take any management action that is necessary to correct performance and which can be taken within the parameters of this Agreement. However, should exceptional circumstances arise, through excess demand or other external factors not taken into account when the budget allocations underpinning this agreement were made, the impact and any corrective actions will be discussed through the Adult Social Care Improvement Board.

The performance indicators and targets associated with this agreement have previously been set having considered the outturn figures of the previous year. With the exceptional situation in respect of the Covid-19 pandemic it is not possible to set an operational baseline for the first year of the agreement due to the distortion of activity and redirection of resources to manage the presenting demand. However, the Adult Social Care Improvement Plan has clear targets attached to it. Therefore the performance of this agreement will be monitored in the first year against the delivery of the Adult Social Care Improvement Plan. It is acknowledged there will be significant system changes, service development and pathway redesign; this along with the modelling of the Covid-altered system will enable the metrics and measures associated with this agreement to be reviewed and reset appropriately in readiness for year two.

This approach is further supported by the fact that the contract has always included and worked to the Adult Social Care Outcomes Framework (ASCOF) measures. The Department of Health and Social Care commissioned a review of the measures in January 2020. The output of that review is still awaited along with the associated measures for the 2020/21 which have been disrupted by the Covid-19 pandemic.

Impact on Quality, Activity and Cost Including Cost Improvement programme of improvement and savings plans developed by the partners is attached as Annex 2.

### **3.4 Adult Social Care Workforce**

The provision of integrated health and social care services through local multidisciplinary teams has proved to be an effective model for delivery, able to respond to customer needs swiftly, facilitate rehabilitation, and avoid admissions to residential care and hospital where ever possible. However, the existing model relies on a level of staff resources which will not be sustainable in future given the additional demands. An alternative model is being designed which will have an impact on how staff are deployed.

The new care model will be built on a strengths-based approach, aligning entirely to the model in use within the voluntary sector and Integrated Personal Commissioning.

Adopting this approach across social care, health services, and the private, voluntary and independent sectors will bring a synergy of approach not previously seen. For social care this is building upon the previous 'Personalisation Strategy'. This is being developed with initiatives e.g. Strengths Based Working and Making Every Contact Count (MECC) and will underpin a move from time based and care based provision to outcomes based commissioning. Independent Service Funds (ISF) are a key tool in developing the 'no decision without me' and National Voices 'I-statements'.

### **3.5 Safeguarding**

The Trust will continue to deliver the delegated responsibilities of Torbay Council regarding Safeguarding Adults. The Care Act 2014 put Safeguarding Adults into a statutory framework for the first time from April 2015. This placed a range of responsibilities and duties on the Local Authority with which the Trust will need to comply. This includes requirements in the following areas:

- Duty to carry out enquiries;
- Co-operation with key partner agencies;
- Safeguarding Adults Boards;
- Safeguarding Adult Reviews;
- Information Sharing;
- Supervision and training for staff.

Accountability for this will sit with the Torbay Safeguarding Adults Board (TSAB). This is a well-established group that will provide a sound basis for delivering the new legislative requirements. The Board will incorporate the requirements into its Terms of Reference and Business Plan for the life of this agreement, ensuring that all relevant operational and policy changes are in place.

Regular performance analysis from all partner agencies will be reported to the TSAB to give a clear picture of performance across the agencies. The Council will ensure high level representation on the Board by the Director of Adult Social Services and Executive Lead for Adult Social Care.

In order to maximise capacity Torbay SAB will work closely with the Devon SAB with an increased number of joint sub-committees and shared business support. In addition to this, to provide internal assurance that the Trust is fulfilling its Safeguarding Adult requirements, the Board will have a sub-committee which will oversee performance. This will have a particular focus on training and performance activity.

The Council is fully committed to the national 'Making Safeguarding Personal' agenda. This is designed to measure Safeguarding Adult performance by outcomes for the individual, rather than reliance on quantitative measurement of timescales for safeguarding meetings.

The Trust also has delegated responsibility as a provider of Adult Social Care services to ensure that it participates as a full partner in the TSAB and meet all regulatory requirements in safeguarding adults and children.

### 3.6 Delivery and Performance Management: Adult Social Care Services

The present arrangements for ASC delivery through an integrated health arrangement delivered by the Torbay & South Devon NHS Trust have been benchmarked against similar authorities in its family group (comparator group). The results show in 2018/19 Torbay spends around £405 per head of adult population, compared to an average of £363 for our comparator group<sup>1</sup> (this is the net current expenditure from 2018/19 Adult Social Care Finance Return (ASC-FR) - per head of adult population).

It is to be noted that the integrated nature of the Torbay's system whilst delivering better outcomes for people does mean that direct comparisons do not always provide an unambiguous picture. With this in mind a series of additional measures are included within the performance indicators attached as Annex 1.

Torbay benchmarks very well in the following areas:

- Service user reported quality of life
- Service user reported social contact
- Service user reported control over daily life
- Service user reported satisfaction with care & support
- Carer reported ease of finding information

Torbay has opportunities for improvement in the following areas:

- Adults in contact with secondary mental health services in paid employment
- Permanent admissions to residential and nursing care aged 18-64
- Service users receiving direct payments
- Adults with a learning disability living in their own home or with their family

Audit South West's January 2017 audit report looking at the Trust's care assessment process has confirmed that "the Trust's arrangements for the assessment of the care needs of referred individuals, and determination of eligibility to receive publicly funded care and support is in line with the Care Act 2014 and are appropriate. Staff are able to access a range of training and operational support mechanisms to help them discharge these key responsibilities."

<b>Opportunities for improvement are as follows</b>
<ul style="list-style-type: none"><li>• Permanent admissions to residential and nursing care for 18-64 years old's</li><li>• Adults with a learning disability in paid employment</li></ul>



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<sup>1</sup> Torbay's family group of comparator authorities are groups of authorities that central government consider have similar patterns of deprivation and age profiles etc.

N.B. It should be noted that the ASA applies to the delegation of authority and activity in respect of ASC and does not include Children's services. The ICO's use of funds to deliver these services should therefore focus on ASC when comparisons are made with other authorities.

[Torbay and South Devon NHS Foundation Trust Final Internal Audit Report: Care Assessment Process Report Reference: TSD08/17 January 2017. Source Page 34 CIPFA Local Authority budget comparator profile Torbay Comparator Report November 2016

## 4 Service developments

Key developments in the way ASC services are provided, and any changes in what services will be provided, are outlined in the following paragraphs. Where appropriate the planning and implementation of these changes will involve internal and external consultation with key stakeholders as set out in the Adult Social Care Improvement Plan which will drive service improvements and is managed through the ASCPB. Where appropriate the Decision Tracker will also clarify accountability for decision making in these developments.

The new care model will target resources to those in greatest need and provide a universal service to allow people to be as independent as possible and be connected with their local community. The new care model will require significant change and we will need to ensure that we support and engage staff and managers through the required change.

To support the resilience and sustainability of services, we will work closely with the independent and voluntary sector in relation to co-production of new ways of working that provide solutions for 'what matters to me'.

The Ageing Well Programme has piloted a number of initiatives and the evaluation of these will offer additional input for the further development of services that provide alternatives to traditional social care services, increase the independence of people and encourage preventative measures and behaviours. Areas that will be addressed include Information and Advice, Assistive Technology and Community Building.

### 4.1 Social Care Workforce Plan

The Trust will ensure that Registered Social Worker's comply with national standards under the oversight of the regulatory board Social work England and delivery of Care Act compliance is a key deliverable for our social care staff. We will develop and implement a workforce plan for social care services which focuses on:

- Working in partnership with our community, addressing the issues faced by our most vulnerable members;
- Revisiting our approach to ensure we are inclusive with users, carers and community organisations – using strengths-based approaches as our principal theoretical approach and operating model;
- Promoting the reputation of social work in Torbay through engagement with users and the co-design of our approach;
- Supporting staff to reach their potential using a capability framework; responding to the Social Work health check and by providing support to improve resilience;
- Delivering a high quality, safe and well-respected service through use of quality, safety and governance processes.

TSDFT have arrangements in place for structures such as flexible working, staff welfare services and exit interviews. Despite increasing allocation lists, Social Workers do not report unmanageable caseloads or sickness due to stress. Although Social Workers do find time to attend training, and they find it useful, they feel it needs improvement in terms of specialist areas and opportunities for professional development. This is a specific area for attention in the Adult Social Care Improvement plan.

## **4.2 Strengths Based Approach**

The Care Act 2014 requires local authorities to consider the person's own strengths and capabilities to help achieve their desired outcomes. This includes exploring what support might be available from their wider support network or within the community to help in the provision of care and support. In practice, this means operationalising strengths-based approaches into the care model.

A strengths-based approach continues to be embedded and scaled up within the new Health and Wellbeing Teams. It will become the golden thread which runs through all our interactions with people, both in terms of how we approach care and support in our teams and how our teams in turn approach care and support with the people they serve. To support the deployment of a strengths-based approach we have developed the following principles for the implementation:

- We will empower staff to use their skills and experience;
- We will let go of care management approaches;
- We will focus on community involvement;
- We will concentrate on the assets and strengths of the people who use our services, our staff and our partners.

## **4.3 New Approaches to Person Centred support Planning**

During the course of this agreement the Trust will continue to explore new approaches to undertaking support planning. This will include furthering existing schemes for people with learning disabilities and undertaking wider proof of concept work in partnership with independent, voluntary and third sector organisations.

## **4.4 Self-Directed support – including Individual Service Funds and Direct Payments**

Self-directed support using initiatives such as Individual Service Funds alongside Direct Payments will be encouraged. The infrastructure will be developed and embedded further as part of the ASC Improvement Plan to enable people to identify their options, make informed decisions and have mechanisms that make the right thing to do the easy thing to do.

The opportunities to explore and develop Individual Service Funds will be addressed within the term of this agreement. This refresh will be managed through the Adult Social Care Transformation Group and its reporting to the Adult Social Care Improvement Board.

## **4.5 Integrated Care Model (ICM) Implementation**

The Integrated Care Model is being developed in line with the areas in its blueprint listed below. The Health and Wellbeing teams referred to in the Operational Plan will be providing a range of functions details of which are below:

1. Connect people with things that help them live healthy lives in their community.



2. Support people to stay well and independent at home with a focus on targeting frailty much earlier. Maximise a person's wellbeing and independence for as long as possible and support people to self-care.
3. Work together to proactively avoid dependency and escalation of illness with a focus on supporting people with highest needs.
4. Connect people with expert knowledge and clinical investigation to maximise outcomes and cost effectiveness of care. Move away from hospital based services using technology to access advice and guidance. Invest expertise in supporting resilience and quality in care homes.
5. Access to urgent and crisis services should be made as easy as possible where it is required.
6. End of Life Care (EoLC) will be embedded into all core elements of this model.

### **Improved Health and Wellbeing**

Improved health of population  
 Improved quality of life  
 Reduction in health inequalities

### **Enhanced Quality of Care**

Improved experience of care  
 People feel more empowered  
 Care is personal and joined up  
 People receive better quality care

### **Value and Sustainability**

Cost-effective service model  
 Care provided in the right place at the right time  
 Demand is well managed  
 Sustainable fit between needs and resources

The Health and Wellbeing teams referred to in the Operational Plan will be providing a range of functions as part of the ICM which will include:

- Encourage self-care, healthy lifestyles and maintain independence
- Help to grow community assets/develop resilience;
- Assessment, support planning and professional social work support;
- Provide rehabilitation;
- Provide nursing care;
- Integrated medical management of people with complex co-morbidities;
- Reactive care co-ordination of people with deteriorating complex health issues and frail elderly;
- Continue to embed and mainstream Learning Disabilities and working with the voluntary sector to support the delivery of this
- Proactive care co-ordination of people with complex needs and frail elderly;
- Proactive integrated long term conditions support;
- High quality discharge support from hospital to home, integrated planning and seamless handover of care;
- Development of a fully integrated out of hospital care system for Torbay and South Devon, providing onward care which is focused on improving independence.
- Provide falls prevention services;
- Provide palliative care as part of end of life care pathway.

In addition to the Torbay & South Devon NHS Foundation Trust's internal governance structures the impact of these changes on community based care roll-out will be monitored and assured through the Adult Social Care Improvement Board in respect of the community activity

#### **4.6 Services for people with learning disabilities including Autism**

In October 2017, Torbay Council and the Trust took part in a Learning Disability Peer Challenge Review; which was an opportunity for all partners to understand what we do well, areas for improvement and will support us together in setting our strategic aims and delivery for Autism and Learning Disability services for the next three years.

As part of the next stage of the process, an action plan was developed with the participation of key partners. The Plan focussed on the 5 key areas that emerged from the Peer Review Team visit:

- Information and Needs Assessment
- Training and Employment
- Engagement and Partnership Board
- Commissioning and Market for the Future
- Working in Partnership

The success and work to date under these 5 key areas, outlined in Sections 2.2 and 2.3, will be consolidated and embedded going forwards, with the Trust as a key partner in the delivery of this plan.

#### **4.7 Residential and Day Services for Older People**

This area of work will be led by Council commissioners under the umbrella of the ASC Improvement Plan and will incorporate:

- Engagement with / implementation of the market management blueprint to support the long-term reshaping of the local market for ASC;
- Council led development of new residential care resources with nursing capability to deliver highly capable complex care within projected banded rates;
- Managed reduction of low-capability residential care beds as more people are supported through new models of care to live well at home for longer;
- Increase in day time / night time replacement care options for people with dementia;
- Planned engagement and support to increase capability / quality within all care homes for older people in order to meet complex needs of older people
- Targeted engagement to support the delivery of residential / nursing beds within local authority banded rates
- Targeted engagement to support market resilience and understand / mitigate market risks in order to maintain supply in line with demand.

#### **4.8 Reviews**

In 2017/18 the Quality Assurance and Improvement Team (QAIT) was formed by The Trust. This team monitors the quality of care, offering support to care home providers to improve their services and in 2019 the scope was extended to supported living and domiciliary care services. It incorporates both nursing and occupational therapy input. QAIT will develop further as part of the 3-year adult social care improvement plan in

order to develop and implement a system-wide quality improvement approach for all commissioned and directly-provided adult care and support services.

#### **4.9 Key Milestones**

The Adult Social Care Improvement Plan and the associated Improvement Programme Management Office hold the key milestones for the work being undertaken. Additionally, further milestones will be set in line with the performance indicators developed once the existing and ongoing impact of Covid-19 is established. These will be collectively monitored through governance structure in annex 8.

#### **4.10 National: CQC (Care Quality Commission)**

The Commission make sure health and social care service providers provide people with safe, effective, and compassionate high-quality care and encourage care services to improve. They monitor, inspect, and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care.

#### **4.11 Local: Torbay and South Devon NHS Foundation Trust**

The Trust will provide quality assurance of both its own integrated business activity and the services it commissions including those covered by the Partnership Agreement for Adult Social Care. A quality and safety report to the Trust's Board will include all social care quality, safety, and performance metrics quarterly. Interim performance monitoring is via the Adult Social Care Performance Committee; which will receive performance reports and updates on ad hoc issues.

A Quality Assurance Framework has been developed and is now in use with independent and voluntary sector providers to provide assurance in regard to the quality of care provided to people in their own homes and in care homes

## **5 Finance and Risks**

### **5.1 Financial Risk Share**

The Risk Share Agreement (RSA) (Annex 6) was developed as part of the transaction creating the ICO, and took effect from its inception on 1<sup>st</sup> October 2015. The Risk Share has been updated for further periods and the in-situ agreement covers the term 2020-23 which this Adult Care Strategic Agreement aligns with.

The share of financial risk going forward is a function of the wider performance of the Trust rather than specifically in relation to Adult Social Care. The financial baseline from the Council and the CCG, the commissioning funders of the ICO, are set out in the revised Risk Share Agreement 2020\_23 which includes the Better Care Fund and the Improved Better Care Fund. The RSA 2020\_23 is monitored through the Adult Social Care Improvement Board which includes all parties to the RSA and the Adult Care Strategic Agreement.

### **5.2 Efficiency Risks**

- Delayed delivery of financial benefits arising from the Covid delayed implementation of the revised care model / Adult Social Care Improvement Plan
- Rate of expenditure in both ASC and Placed People
- Levels of agency and temporary staff costs
- Increasing complexity of care needs for people being cared for in community settings whilst achieving care closer to home

### **5.3 Risks pertinent to Adult Social Care expenditure include**

- Scale of required savings
- (insufficient) Capacity and quality in the domiciliary care market
- Sufficiency and pricing in the care home market
- Community support for change
- Impact of case law re Deprivation of Liberty Safeguards and imminent transfer to Liberty Protection Safeguards in April 2022
- Increasing complexity of presentations linked to an ageing population and known areas of increased deprivation within Torbay. The recent CV19 pandemic has also impacted on service related expenditure via fast track discharges from hospital and increased cost relating to staff and PPE within provider settings.
- Increasing referral rates due to the increasing age of the population

## **6 Client Charges**

### **6.1 Power to Charge**

With the introduction of the Care Act, the Council now has a 'power to charge for services' whereas previously, there was a 'duty to charge' for long term residential/nursing care and a 'power to charge' for non-residential care.

The Council has made the decision to utilise the 'power to charge' for both residential and non-residential services. The Trust will discharge this power on behalf of the Council and in doing so will apply sections 14 and 17 of the Care Act 2014 and the Care and Support (charging and assessment of resources) regulations 2014.

### **6.2 Residential and Non Residential Charges**

Charges for residential services will be amended each April as directed by the Department of Health and Social Care updated rates. In addition to this charges can also be amended in light of increases to the cost of care.

Charges per unit of care for non-residential care services will be set in accordance with the Council's charging policy.

Client contributions are based on the level of care a person requires and an assessment of their financial circumstances, including capital and income. The Trust will ensure that individual financial assessments are updated at least annually (but more frequently where the financial circumstances of an individual service user are known to have changed during the course of the year).

Consequently, the charges made to an individual may change in the course of a year if there are changes in their financial circumstance or the level of care they require. The Trust will ensure that all clients in receipt of a chargeable service receive a full welfare benefit check from the Finance and Benefits team and an individual financial assessment in person for new assessments where possible.

There is no charge for Intermediate Care or Continuing Health Care services.

### **6.3 Carers**

The Trust will continue to deliver their legal requirements for Carers of Adults in Torbay and the priorities agreed in the Carers' Strategy 2018-21:

- Carers' Assessments / Health and Wellbeing Checks for Carers of Adults. 2019-20 targets have been met, but 2020-21 will undoubtedly have been affected by the coronavirus pandemic.
- Support to maintain Carers' health and wellbeing
- Carers' advocacy;
- Promoting identification and support of Carers across the wider health/social care community, with national recognition of our work in our local hospitals
- Support to commissioners about market development to meet the needs of Carers and those of the people they care for, particularly around replacement Care
- Ensuring Carers' performance indicators are met.
- Implementing NICE 'Supporting Adult Carers' guidance

We are working with our STP partner organisations to embed the 'Commitment to Carers', where each organisation commits to having an action plan to address the following seven principles:

- 1: Identifying Carers and supporting them
- 2: Effective Support for Carers
- 3: Enabling Carers to make informed choices about their caring role
- 4: Staff awareness
- 5: Information-sharing
- 6: Respecting Carers as expert partners in care
- 7: Awareness of Carers whose roles are changing or who are more vulnerable

In late 2020, consultation will take place with all registered Carers in Torbay about the priorities for the multi-agency Carers' Strategy 2021-24.

Torbay Carers' Strategy Action Plan 2018 – 2021:

<https://www.torbayandsouthdevon.nhs.uk/uploads/torbay-carers-strategy-action-plan-2018-2021.pdf>

## **6.4 Universal Deferred Payments**

The Care Act 2014 established a requirement for a universal deferred payments scheme which means that people should not be forced to sell their homes in their lifetime to pay for the cost of their care.

A deferred payment is, in effect, a loan against the value of the property which has to be repaid either from disposal of the property at some point in the future or from other sources. The scheme has now been running since April 2015 as all councils in England are required to provide a deferred payment scheme for local residents who move to live in residential or nursing care, own a property and have other assets with a value below a pre-determined amount (currently £23,250). They must also have assessed care needs for residential or nursing care.

The Council's deferred payments policy is now fully implemented as part of the policy the Trust has the ability to recover any reasonable costs it may incur in setting up and reviewing a Deferred Payment Arrangement in addition to the cost of any services provided. These management costs may be included in the deferred payment total or be paid as and when they are incurred.

The interest rate payable on deferred payments is advised by the Department of Health and Social Care and reviewed every six months. Interest will be added to the balance outstanding on the deferred arrangement on a compound daily basis, in accordance with the regulations.

## **7 Governance**

The Torbay Adult Social Care Governance structure is set out in Annex 7

### **7.1 Adult Social Care Governance**

A revised governance structure has been adopted reflecting the additional focus on performance and delivery of the ASC Improvement Plan and the transformation sought by the partners. The ASC Performance Committee's Terms of Reference include:

- To assist the development of the strategic direction of ASC services supporting the new context faced by the Council and Trust in terms of public sector reform, reducing public resources and potential devolution;
- To receive reports and review performance against indicators and outcomes included in the ACSA providing and/or participating in regular benchmarking activities;
- To monitor action plans against any in-year areas of concern, raising awareness to a wider audience, as appropriate;
- To discuss and determine the impact of national directives translating requirements into commissioning decisions for further discussion and approval within the appropriate forums.
- To discuss and develop future ACSAs; co- ordinate the production of the Local Account.
- To escalate issues of concern or delivery to the Adult Social Care Improvement Board

### **7.2 Consultation, engagement and involvement process**

As the Accountable Authority the Council will lead consultation processes where the need for change is being driven by the needs and requirements of the Council beyond those of delegated activities to the Trust. The Trust is committed to supporting the consultation and engagement processes the Council undertakes in relation to service changes recognising the Council's statutory duty and good practice.

As a provider the Trust will engage all stakeholders in service redesign and quality assurance including, playing an active role with Torbay Council Health Overview and Scrutiny Board. Additionally the Trust will be engaged with the CCG Locality Teams where the primary focus will be on consultation in regard to NHS services.

Where service changes will result in variation in the level or type of service received by individual service users, the Trust will comply with statutory guidance on the review/reassessment of care needs and ensure that those service users affected are given appropriate notice of any changes.

The Council, the Trust, and the CCG will continue to support the role of Healthwatch and the community voluntary sector in involving people who use services in key decisions as well as service improvement and design. The Council also expects the Trust to engage actively with service users and the voluntary sector in Torbay in developing new service solutions. This will apply irrespective of whether the service changes are driven by the necessities of the current financial environment or the need to ensure the continual evolution and development of services.

### **7.3 Programme Management**

Oversight of delivery and programme management for the programmes of work set out in this Agreement will be provided through the Adult Social Care Improvement Programme Management Office. Delivery will be monitored through the governance arrangements set out above.

### **7.4 Key Decisions**

Whilst this agreement places accountabilities on the Trust for the delivery and development of ASC Services, the Trust may not act unilaterally to make or enact decisions if they meet the criteria of a 'key decision' as described in the standing orders of the Council or are included in a list of 'Reserved Items' shared between the parties as part of the agreement.

This requirement reiterates section 22.3 of the Partnership Agreement under which services were originally transferred from the Council to Torbay Care Trust. Key decisions must be made by the Council in accordance with its constitution. In Schedule 8 of the Partnership Agreement a key decision is defined as a decision in relation to the exercise of council functions, which is likely to:

- Result in incurring additional expenditure or making of savings which are more than £250,000;
- Result in an existing service being reduced by more than 10% or may cease altogether;
- Affect a service which is currently provided in-house which may be outsourced or vice versa and other criteria stated within schedule 8 of the Partnership Agreement.

In addition when determining what constitutes a key decision consideration should be given to the possible level of public interest in the decision. The higher the level of interest the more appropriate it is that the decision should be considered to be a 'key decision'.

### **7.5 Governance of Placed People**

Placed people (those funded via Health or joint Health and Social Care) have their care arrangements managed via Torbay and South Devon NHS Trust. Placed People activity sits within the Torquay Integrated Service Unit (ISU) and the governance arrangements within the ISU. Monthly performance reports are submitted to the CCG.

### **7.6 Individual Roles and Responsibilities**

#### **7.6.1 Torbay Council Executive Lead Adults**

The role of Executive Lead is held by an elected Member of Torbay Council. As part of their duties they will sit as the Council's representative on the Trust Board to provide oversight, challenge, and liaison.

#### **7.6.2 Director of Adult Social Services**



The role of Director of Adult Social Services (DASS) is a statutory function, and is fulfilled by a senior officer of the Council who is accountable for all seven responsibilities of the role set out in statutory guidance dated May 2006. However responsibility for Professional Practice and Safeguarding are delegated to the Deputy DASS employed within the professional practice directorate of the Trust.

### **7.6.3 Deputy Director of Adult Social Services**

The role will provide professional leadership for social care services and lead on workforce planning, implementing standards of care, safeguarding, and will chair the Adult Social Care Performance Committee. The role also oversees the Deprivation of Liberty Safeguards (soon to be the Liberty Protection Safeguards) and Guardianship arrangements in Torbay.

### **7.6.4 Systems Director**

The role will provide provider executive input and oversight as part of the governance structure for the contract.

### **7.6.5 Organisational Roles and Responsibilities**

The partnership working inherent within the Torbay model is supported by further clarification of the organizational roles pertaining to the local authority as the commissioning partner of the contract and the Trust as the providing partner including commissioning responsibilities within its delegated activities. A range of activities for reference is included in Annex 3 – Strategic and Micro-commissioning functions.

## **7.7 Emergency cascade**

Please see Annex 4 for details of Torbay Council's Emergency Planning Roles in Council's Emergency cascade. The Trust will be expected, through best endeavours, to identify social care senior officers to be part of emergency cascade, to coordinate delivery of ASC in an emergency situation.

## **7.8 Annual Audit Programme**

Audit South West (ASW) as the Internal Audit provider to Torbay and South Devon NHS Foundation Trust will undertake the following actions and requirements:-

- Consult with the Director of Adults Social Services (DASS) of Torbay council on proposed internal audit coverage;
- Provide to the DASS copies of assignment reports that relate to control arrangements for Adult Services;
- Provide an annual report to the DASS on the adequacy and effectiveness of the overall system of internal control for the Trust, and in particular, those areas directly affecting Adult Services.

Detail is included in Annex 5.

## Annex 1: Performance Measures:

The 2018/19 Performance Description column gives a basic verbal comparison with the benchmarking figures (England, SW Comparator Group) which are currently only available to 2018/19

- Adult Social Care Outcomes Framework (ASCOF)
- Better Care Fund
- Local Measures

Domain & KPI	Frame work / Source	2016/17 Outturn	2017/18 Outturn	2018/19 Outturn	2019/20 Outturn draft	2016/17 Target	2017/18 Target	2018/19 Target	2019/20 Target	2016/17 England Average	2017/18 England Average	2018/19 England Average	2016/17 SW Average	2017/18 SW Average	2018/19 SW Average	2016/17 CG Average	2017/18 CG Average	2018/19 CG Average	2016/17 Rank	2017/18 Rank	2018/19 Rank	2016/17 Quartile	2017/18 Quartile	2018/19 Quartile	2018/19 Performance Description
Domain 1: Enhancing quality of life for people with care and support needs																									
ASC 1A: Social care-related quality of life	ASCOF ASCS Survey	19.9	19.4	19.4	19.8	19.4	19.7	19.7	19.7	19.1	19.1	19.1	19.2	19.3	19.3	19.4	19.3	19.2	4/151	45/150	35/151	Q1	Q2	Q1	Within agreed tolerance of target Same as previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Moved from 2nd best to best quartile
ASC 1B: The proportion of people who use services who have control over their daily life	ASCOF ASCS Survey	82.7%	80.6%	80.2%	83.6%	79.0%	81.5%	81.5%	82.0%	77.7%	77.7%	77.6%	79.8%	79.3%	79.7%	79.8%	79.0%	78.4%	9/151	37/150	36/151	Q1	Q1	Q1	Within agreed tolerance of target Similar to previous outturn Better than Eng ave Better than SW ave Better than CG ave Slightly better than previous ranking Remain in best quartile
ASC 1C part 1A: The proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support)	ASCOF SALT	92.4%	93.5%	92.6%	88.2%	90.0%	92.0%	94.0%	94.0%	89.4%	89.7%	89.0%	84.2%	89.6%	91.6%	91.9%	95.1%	89.9%	87/152	88/151	94/152	Q3	Q3	Q3	Within agreed tolerance of target Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Worse than previous ranking Remain in 3rd best quartile
ASC 1C part 1B: The proportion of people using social care who receive self-directed support (carers receiving self-directed support)	ASCOF SALT	90.7%	84.3%	88.5%	92.5%	83.0%	85.0%	85.0%	85.0%	83.1%	83.4%	83.3%	80.5%	83.3%	58.3%	78.1%	82.3%	80.6%	104/150	116/150	120/150	Q3	Q4	Q4	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Slightly worse than previous ranking Remain in 3rd best quartile
ASC 1C part 2A: The proportion of people using social care who receive direct payments (adults receiving direct payments)	ASCOF SALT	24.9%	26.7%	26.6%	25.5%	26.0%	28.0%	28.0%	28.0%	28.3%	28.5%	28.3%	29.2%	29.9%	27.9%	27.4%	28.0%	28.0%	89/152	84/151	87/152	Q3	Q3	Q3	Within agreed tolerance of target Similar to previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Slightly worse than previous ranking Remain in 3rd best quartile
ASC 1C part 2B: The proportion of people using social care who receive direct payments (carers receiving direct payments for support direct to carer)	ASCOF SALT	90.7%	84.3%	88.5%	92.5%	83.0%	85.0%	85.0%	85.0%	74.3%	74.1%	73.4%	55.1%	52.7%	47.2%	64.6%	64.4%	62.7%	78/150	93/150	95/152	Q3	Q3	Q3	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Slightly worse than previous ranking Remain in 3rd best quartile
ASC 1D: Carer-reported quality of life	ASCOF SACE Survey	7.8	n/a	7.5	n/a	9.0	n/a	9.0	n/a	7.7	n/a	7.5	7.6	n/a	7.3	7.9	n/a	7.7	46/151	n/a	58/151	Q2	n/a	Q2	Did not achieve target Worse than previous outturn Same as Eng ave Better than SW ave Worse than CG ave Worse than previous ranking Remain in 2nd best quartile
ASC 1E: Proportion of adults with a learning disability in paid employment	ASCOF C-Corp SALT	3.7%	3.8%	7.0%	8.3%	4.0%	4.0%	6.4%	7.0%	5.7%	6.0%	5.9%	5.8%	5.9%	6.0%	6.4%	6.2%	6.3%	103/152	103/151	94/152	Q3	Q3	Q2	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Moved from 2nd best to 2nd best quartile
ASC 1F: Proportion of adults in contact with secondary mental health services in paid employment (commissioned outside ICO)	ASCOF MHSDS	n/a	1.0%	4.0%	1.7%	6.0%	6.0%	6.4%	6.4%	n/a	7.0%	8.0%	n/a	11.0%	10.0%	n/a	7.2%	8.4%	n/a	146/148	128/151	n/a	Q4	Q4	Did not achieve target Better than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Better than previous ranking Remain in 4th best quartile

Domain & KPI	Frame work / Source	2016/17 Outturn	2017/18 Outturn	2018/19 Outturn	2019/20 Outturn draft	2016/17 Target	2017/18 Target	2018/19 Target	2019/20 Target	2016/17 England Average	2017/18 England Average	2018/19 England Average	2016/17 SW Average	2017/18 SW Average	2018/19 SW Average	2016/17 CG Average	2017/18 CG Average	2018/19 CG Average	2016/17 Rank	2017/18 Rank	2018/19 Rank	2016/17 Quartile	2017/18 Quartile	2018/19 Quartile	2018/19 Performance Description	
ASC 10: Proportion of adults with a learning disability who live in their own home or with their family	ASCOF SALT	77.1%	76.0%	76.6%	78.8%	75.0%	75.0%	76.0%	80.0%	76.2%	77.2%	77.4%	73.7%	75.5%	77.2%	76.1%	81.9%	81.0%	78/152	94/152	96/152	Q3	Q3	Q3	Achieved target Worse than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Slightly worse than previous ranking Remain in 3rd best quartile	
ASC 11a: Proportion of adults in contact with secondary mental health services who live independently, with or without support (commissioned outside ICD)	ASCOF C-Corp MHSDS	n/a	50.0%	55.0%	49.2%	68.0%	68.0%	68.0%	60.0%	n/a	57.0%	58.0%	n/a	62.0%	57.0%	n/a	57.6%	54.3%	n/a	104/152	94/152	n/a	Q3	Q3	Did not achieve target Better than previous outturn Worse than Eng ave Worse than SW ave Better than CG ave Better than previous ranking Remain in 3rd best quartile	
ASC 11 part 1: Proportion of people who use services who reported that they had as much social contact as they would like	ASCOF ASCS Survey	52.2%	43.1%	51.8%	50.8%	50.0%	50.0%	50.0%	50.0%	45.4%	46.0%	45.9%	46.1%	46.0%	46.6%	47.0%	47.1%	46.7%	4/151	108/150	14/151	Q1	Q3	Q1	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Moved from 3rd best to best quartile	
ASC 11 part 2: Proportion of carers who reported that they had as much social contact as they would like	ASCOF SACE Survey	34.4%	n/a	32.4%	n/a	41.5%	n/a	41.5%	n/a	35.5%	n/a	32.5%	32.3%	n/a	28.1%	38.8%	n/a	34.8%	75/151	n/a	61/151	Q2	n/a	Q2	Did not achieve target Worse than previous outturn Similar to Eng ave Better than SW ave Similar to CG ave Better than previous ranking Remain in 3rd best quartile	
D40b: % clients receiving a review within 18 months	Local	90.0%	87.4%	88.7%	90.3%	n/a	93.0%	93.0%	93.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Remain in 3rd best quartile Within agreed tolerance of target Better than previous outturn
SC-007b: Number of OOA placements reviews overdue by more than 3 months (snap shot)	Local C-Corp	1	0	3	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better Did not achieve target Worse than previous outturn
D39: % clients receiving a Statement of Needs	Local	86.2%	83.5%	84.1%	93.0%	90.0%	90.0%	90.0%	90.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Not achieving target Better than previous outturn
N132: Timeliness of social care assessment	Local	71.2%	79.0%	76.1%	70.7%	70.0%	70.0%	80.0%	80.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Within agreed tolerance of target Worse than previous outturn
<b>Domain 2: Delaying and reducing the need for care and support</b>																										
ASC 2A p1: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 1 - younger adults	ASCOF SALT	20.4	22.8	18.8	24.2	no tgt	25.0	14.0	14.0	12.8	14.0	13.9	14.5	16.8	14.0	16.6	17.2	16.3	131/152	141/151	120/152	Q4	Q4	Q4	Low value is better Did not achieve target Better than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Better than previous ranking Remain in 4th best quartile	
ASC 2A p2: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 2 - older people	ASCOF / BCF SALT	493.7	446.9	490.2	526.4	563.2	599.0	450.0	450.0	610.7	585.6	579.4	581.0	545.8	513.0	683.5	705.4	694.0	42/152	36/152	48/152	Q2	Q1	Q2	Low value is better Did not achieve target Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Worse than previous ranking Moved from best to 2nd best quartile	
ASC 2B p1: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 1 - effectiveness	ASCOF / BCF SALT	76.5%	70.7%	76.7%	80.1%	88.7%	no tgt	76.5%	76.5%	82.5%	82.9%	82.4%	83.8%	80.2%	80.8%	83.3%	82.4%	81.0%	123/152	142/152	122/152	Q4	Q4	Q4	Achieved target Better than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Better than previous ranking Remain in 4th best quartile	

Domain & KPI	Frame work / Source	2016/17 Outturn	2017/18 Outturn	2018/19 Outturn	2019/20 Outturn draft	2016/17 Target	2017/18 Target	2018/19 Target	2019/20 Target	2016/17 England Average	2017/18 England Average	2018/19 England Average	2016/17 SW Average	2017/18 SW Average	2018/19 SW Average	2016/17 CG Average	2017/18 CG Average	2018/19 CG Average	2016/17 Rank	2017/18 Rank	2018/19 Rank	2016/17 Quartile	2017/18 Quartile	2018/19 Quartile	2018/19 Performance Description	
ASC 2B p2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 2 - coverage	ASCOF SALT	4.3%	6.3%	6.2%	6.3%	no tgt	5.0%	5.0%	5.0%	2.7%	2.9%	2.8%	2.7%	2.6%	2.8%	2.9%	3.2%	3.2%	21/152	12/152	12/152	Q1	Q1	Q1	Achieved target Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Same as previous ranking Remain in best quartile	
ASC 2D: The outcomes of short-term support % reablement episodes not followed by long term SC support	ASCOF SALT	86.7%	85.1%	87.5%	85.9%	83.0%	83.0%	83.0%	83.0%	77.8%	77.8%	79.6%	86.5%	84.6%	82.0%	79.5%	78.8%	78.9%	33/152	45/152	31/152	Q1	Q2	Q1	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Moved from 2nd best to best quartile	
LI-404: No. of permanent care home placements at end of period	Local C-Corp	642	604	605	632	617	617	600	600	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better Within agreed target threshold Similar to previous outturn
LI-431: % of social care service users receiving 3 hours or less of dom care per week only	Local PIB C-Corp	n/a	10.4%	10.1%	10.3%	n/a	n/a	8.0%	10.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better Did not achieve target Better than previous outturn
LI-432: % Intermediate Care placements not resulting in short or long term placement	Local PIB	n/a	84.9%	83.3%	83.6%	n/a	n/a	75.0%	85.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Achieved target Better than previous outturn
Domain 3: Ensuring that people have a positive experience of care and support																										
ASC 3A: Overall satisfaction of people who use services with their care and support	ASCOF ASCS Survey	68.4%	69.2%	69.7%	68.3%	68.0%	70.0%	70.0%	70.0%	64.7%	65.0%	64.3%	67.4%	67.3%	67.1%	66.6%	65.8%	65.3%	33/151	29/150	17/151	Q1	Q1	Q1	Within agreed target threshold Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Remain in best quartile	
ASC 3B: Overall satisfaction of carers with social services	ASCOF SACE Survey	37.9%	n/a	41.2%	n/a	46.4%	n/a	46.4%	n/a	39.0%	n/a	38.6%	38.8%	n/a	38.5%	41.0%	n/a	41.8%	80/151	n/a	48/151	Q3	n/a	Q2	Did not achieve target Better than previous outturn Better than Eng ave Better than SW ave Worse than CG ave Better than previous ranking Moved from 3rd best to 2nd best quartile	

Domain & KPI	Frame work / Source	2016/17 Outturn	2017/18 Outturn	2018/19 Outturn	2019/20 Outturn draft	2016/17 Target	2017/18 Target	2018/19 Target	2019/20 Target	2016/17 England Average	2017/18 England Average	2018/19 England Average	2016/17 SW Average	2017/18 SW Average	2018/19 SW Average	2016/17 CG Average	2017/18 CG Average	2018/19 CG Average	2016/17 Rank	2017/18 Rank	2018/19 Rank	2016/17 Quartile	2017/18 Quartile	2018/19 Quartile	2018/19 Performance Description	
ASC 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for	ASCOF SACE Survey	71.7%	n/a	70.4%	n/a	75.7%	n/a	75.7%	n/a	70.6%	n/a	69.7%	71.4%	n/a	69.2%	73.5%	n/a	72.8%	39/151	n/a	68/151	Q2	n/a	Q2	Did not achieve target Worse than previous outturn Better than Eng ave Better than SW ave Worse than CG ave Worse than previous ranking Remain in 2nd best quartile	
ASC 3D part 1: The proportion of people who use services who find it easy to find information about services	ASCOF ASCS Survey	77.3%	73.4%	72.2%	72.5%	81.3%	85.0%	80.0%	80.0%	73.5%	73.3%	69.7%	74.7%	72.8%	70.5%	75.7%	77.3%	71.9%	33/151	44/150	47/151	Q1	Q2	Q2	Did not achieve target Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Worse than previous ranking Remain in 2nd best quartile	
ASC 3D part 2: The proportion of carers who find it easy to find information about services	ASCOF SACE Survey	79.6%	n/a	72.2%	n/a	75.0%	n/a	75.0%	n/a	64.2%	n/a	62.3%	66.5%	n/a	64.0%	67.9%	n/a	67.2%	12/151	n/a	16/151	Q1	n/a	Q1	Within agreed target threshold Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Slightly worse than previous ranking Remain in best quartile	
N133: Carers receiving needs assessment, review, information, advice, etc.	Local C-Corp	38.3%	42.2%	29.3%	39.6%	40.0%	43.0%	36.0%	36.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Did not achieve target Worse than previous outturn	
<b>Domain 4: Safeguarding adults who circumstances make them vulnerable and protecting from avoidable harm</b>																										
ASC 4A: The proportion of people who use services who feel safe	ASCOF ASCS Survey	71.0%	70.6%	68.0%	70.8%	72.3%	72.3%	72.3%	72.3%	70.1%	69.9%	70.0%	70.0%	70.3%	70.1%	71.2%	71.9%	71.1%	63/151	72/150	103/151	Q2	Q2	Q3	Did not achieve target Worse than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Worse than previous ranking Moved from 2nd best to 3rd best quartile	
ASC 4B: The proportion of people who use services who say that those services have made them feel safe and secure	ASCOF ASCS Survey	82.4%	83.9%	83.1%	84.0%	85.2%	88.0%	85.0%	85.0%	86.4%	86.3%	86.9%	86.6%	86.7%	87.7%	87.9%	88.5%	87.6%	111/151	106/150	119/151	Q3	Q3	Q4	Within agreed target threshold Slightly worse than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Worse than previous ranking Moved from 3rd best to 4th best quartile	
QL-018: Proportion of high risk Adult Safeguarding Concerns where immediate action was taken to safeguard the individual	Local	100%	100%	100%	100%	100%	100%	100%	100.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Achieved target Same as previous outturn	
TCT14b: % repeat safeguarding referrals in last 12 months	Local C-Corp	7.0%	7.1%	8.3%	7.8%	8.0%	8.0%	8.0%	8.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better Within agreed target threshold Worse than previous outturn	

## Annex 2: Adult Social Care Improvement Programme oversight

Plan reinstatement	Project Name	Desired Outcome
<b>Amended</b>	PoC Review & Insight	All PoCs reviewed under Care Act 2014; CLS & strength-based; post-COVID-19 reinstatement
<b>New</b>	Data	Accessible data for ASC System leadership and operational measurement
<b>New</b>	Training	Transfer of CLS to business as usual; project insights for ongoing dynamic training
<b>Amended</b>	Voluntary & Community Development	Understanding the sector; supporting the sector; developing the sector
<b>Amended</b>	Information, Advice & Guidance	Provide comprehensive information and advice about care and support services in Torbay
<b>No change</b>	Technology, Aids & Adaptions	Effective use of TEC, aids and adaptions at ASC Front Door and reviewed packages of care
<b>Amended</b>	ASC Front Door	Redesign the front door creating effective mechanisms for finding solutions for people and their problems which can then demonstrate impact in terms of diversions from formal care, delivering good outcomes and avoiding adult social care costs
<b>No change</b>	Arranging Support Team (2)	An operational function to allow for arranging all care and the efficient discharge of patients to their arranged care, negotiated by the AST, and will include an assurance function for timely and effective reviews.
<b>No change</b>	Future Quality & Assurance	Market oversight and provider failure, including undertaking improvement work with regulated provider sector and assurance activities that the sector is effective.
<b>No change</b>	Extra Care & Housing	Capital Development activities (project specific)
<b>No change</b>	Market Shaping	Understand the strengths and fragility of the care home market, and to link with the homecare market which is equally under pressure. Create ability to be bolder and do things differently in to shape the market.
<b>Amended</b>	Effective Social Work Practice	Increase the number of staff supervisions; Reduce the time between supervisions taking place; Variance within the staff supervision process eliminated; Increase number of staff working in a strengths based way; Reduce the length of time a case has been open: review the way staff performance is currently measured and reported including the governance

<b>Plan reinstatement</b>	<b>Project Name</b>	<b>Desired Outcome</b>
		structure.
<b>No change</b>	Digital & IT Infrastructure: Strata	Understand current business process; strength business process, managed and then optimise process using technology; integrating with Care Management Systems and national capacity tracker.
<b>No change</b>	Digital & IT Infrastructure: ASC Case Management System & Beyond	IT system implementation – replacement of PARIS.
<b>No change</b>	MH Review	Develop a MH approach to provide efficient and effective mental health services for Torbay.
<b>New</b>	Innovation Hub	Work with local health and care teams in Torbay, AHSNs, national commissioners (NHS England & Improvement, NHSX, Office for Life Sciences) and industry to make sure Torbay benefits from innovations and to learn about what works from project insights.

### Annex 3: Strategic and Micro-commissioning functions – review at ASC Leadership group

Function/role lead	Torbay Council Strategic Commissioning function	Torbay and South Devon Trust ASC function
<b>MICRO COMMISSIONING OF PROVIDERS, PROCUREMENT AND BROKERAGE</b>		
Develop and implement operational commissioning plans		✓
<b>STRATEGIC COMMISSIONING FUNCTION</b>		
Market shaping and developing new providers to fill gaps in provision and oversight of decommissioning plans	✓	✓
Market Position statement and Joint Strategic Needs Assessment	✓	
Market mapping	✓	
Gap analysis	✓	
Analysis of sufficiency of supply	✓	
Manage provider failures and market exits	✓	✓
Strategic Commissioning Strategy	✓	
Proactive strategy to develop the market as a whole	✓	
Market engagement with provider market as a whole	✓	
Run Multi Provider Forum for all providers with strategic themes	✓	
Joint commissioning arrangements with partner organisations and other areas	✓	
Lead on co-design of new service models with providers and stakeholders	✓	✓
Develop population outcome based commissioning approach for market	✓	
Develop and co-produce Payment by Results mechanisms that encourage sound outcomes	✓	
Co-ordinate user and carer engagement and consultation	✓	
Contract review and performance management of ASC	✓	✓
Review budget for ASC and sign-off cost improvement plans related to ASC	✓	✓



<b>Function/role lead</b>	<b>Torbay Council Strategic Commissioning function</b>	<b>Torbay and South Devon Trust ASC function</b>
Overarching sub contracts between Trust and other ASC providers, e.g. Care homes, community care		✓
Prepare and agree individual service specifications		✓
Develop and monitor outcome based commissioning approach for each provider at service level	✓	✓
Develop personal outcome based commissioning for each service user		✓
Contract management & performance review of independent & voluntary sector including, grant funding		✓
Proactive quality assurance of individual providers including, develop/implement service improvement plans		✓
Achieving value for money from providers including, cost improvement planning		✓
Procurement of ASC providers		✓
Manage provider failures and market exits including, for service users and relatives/carers involved		✓
Individual contracts for care packages		✓
Brokerage/purchasing processes and brokerage of individual care packages		✓
Direct payments and personal budgets		✓
Lead and manage safeguarding processes including, Whole Provider/Provider of concern/quality concerns		✓
Resolution of Safeguarding incidents and implementation of lessons learned		✓
Run and co-ordinate forums for specific provider areas with operational focus e.g. forums for care homes		✓
Collection, collation and regular reporting of data on need, demand, supply, cost, workforce and performance (Trust and sub-contractors) with interpretation and presentation		✓
Benchmarking of cost/performance of services – own and sub-contracted		✓
Management of pooled budget to achieve value for money and cost improvement		✓

## Annex 4: Emergency Cascade

Adult Services Primary Contacts		
Name/Title	Emergency Role	
Steve Honeywill Head of Partnerships and People	Communication with contracted providers of Care and Support for vulnerable people. Availability and co-ordination of needs assessment.	
John Bryant Head of Integration and Development	Safeguarding vulnerable adults and serious case review	
Sharon O'Reilly , Deputy Director of Adult Social Services	The role will provide professional leadership for social care services and lead on workforce planning, implementing standards of care, safeguarding and and will chair the Adult Social Care Performance Committee. The role also oversees the Deprivation of Liberty Safeguards and Guardianship arrangements in Torbay including authorisation of deprivation of liberty under Mental Capacity Act.	
Adults Services Secondary Contacts		
Sam Hoskins, Lead AMHP	Assessment and placement, access to services, medication and packages of care and place of safety for older people with poor mental health.	
Adrian Gaunt, Manager Older Person Mental Health Team	Assessment and placement, access to services, medication and packages of care and place of safety for people under 65 with poor mental health.	

## **Annex 5: Annual Audit Programme**

### Background

For Torbay Council, Internal Audit is a statutory service in the context of The Accounts and Audit (England) Regulations 2015.

From April 2013, organisations in the UK public sector are required to adhere to the Public Sector Internal Audit Standards (the Standards). Internal Audit for Torbay & South Devon NHS Foundation Trust is delivered by Audit South West.

### Internal Audit Plans

When preparing the internal audit plan for Torbay and South Devon NHS Foundation Trust it is expected that Audit South West will:

- Consider the risks identified in Torbay Council's strategic and operational risk registers that relate to Adult Services;
- Discuss and liaise with Directors and Senior Officers of Torbay Council regarding the risks which threaten the achievement of the Council's corporate or service objectives that relate to Adult Services, including changes and / or the introduction of new systems, operations, programs, and corporate initiatives;
- Take account of requirements to support a "collaborative audit" approach with the external auditors of Torbay Council;
- Consider counter-fraud arrangements and assist in the protection of public funds and accountability;
- Support national requirements, such as the National Fraud Initiative (NFI) which is run every two years.

Draft plans, showing proposed audits covering Adult Services should be shared and agreed with Torbay Council's Director of Adult Social Services (DASS). The DASS should also be made aware of planned audit reviews that will provide overall assurance that control mechanisms operated by the Trust, but that are key to the workings of Adult Services, are working effectively (e.g. audits of key financial systems (payroll, payments, income collection etc.), and corporate arrangements (e.g. procurement, information governance etc.)).

The Audit Plan will not be a "tablet of stone" and changes may be required or advised during the year.

### Internal Audit work

Internal audit work should be completed in accordance with the Public Sector Internal Audit Standards. Proposed briefs for work covering ASC should be shared with the DASS prior to fieldwork commencing.

### Reporting – Assignments

The DASS will be provided of copies of all final reports that specifically relate to Adult Services. The DASS will also be provided with early sight of draft reports for which the audit opinion is "fundamental weaknesses" or similar. The Director of ASC will also be provided with copied of final audit reports for wider subject areas (e.g. payroll) where the audit opinion is "fundamental weaknesses" or similar.

### Reporting – Annual Report

Audit South West will provide the Council with an annual assurance report on the adequacy and effectiveness of the overall system of internal control for the Trust, and in particular, those areas directly affecting Adult Services. It is noted that this assurance can never be absolute. The most that the internal audit service can do is to provide reasonable assurance, based on risk-based reviews and sample testing, that there are no major weaknesses in the system of control.

The report should provide:

- A comparison of internal audit activity during the year with that planned, placed in the context of Adult Services;
- A summary of significant fraud and irregularity investigations carried out during the year and anti-fraud arrangements; and
- A statement on the effectiveness of the system of internal control in meeting the Council's objectives.

Together with a summary of the performance indicators set for internal audit and performance against these targets.

## **Annex 6: Risk Share Agreement (2020-23)**

09 March 2020 Record of Decision

### **Decision Taken:**

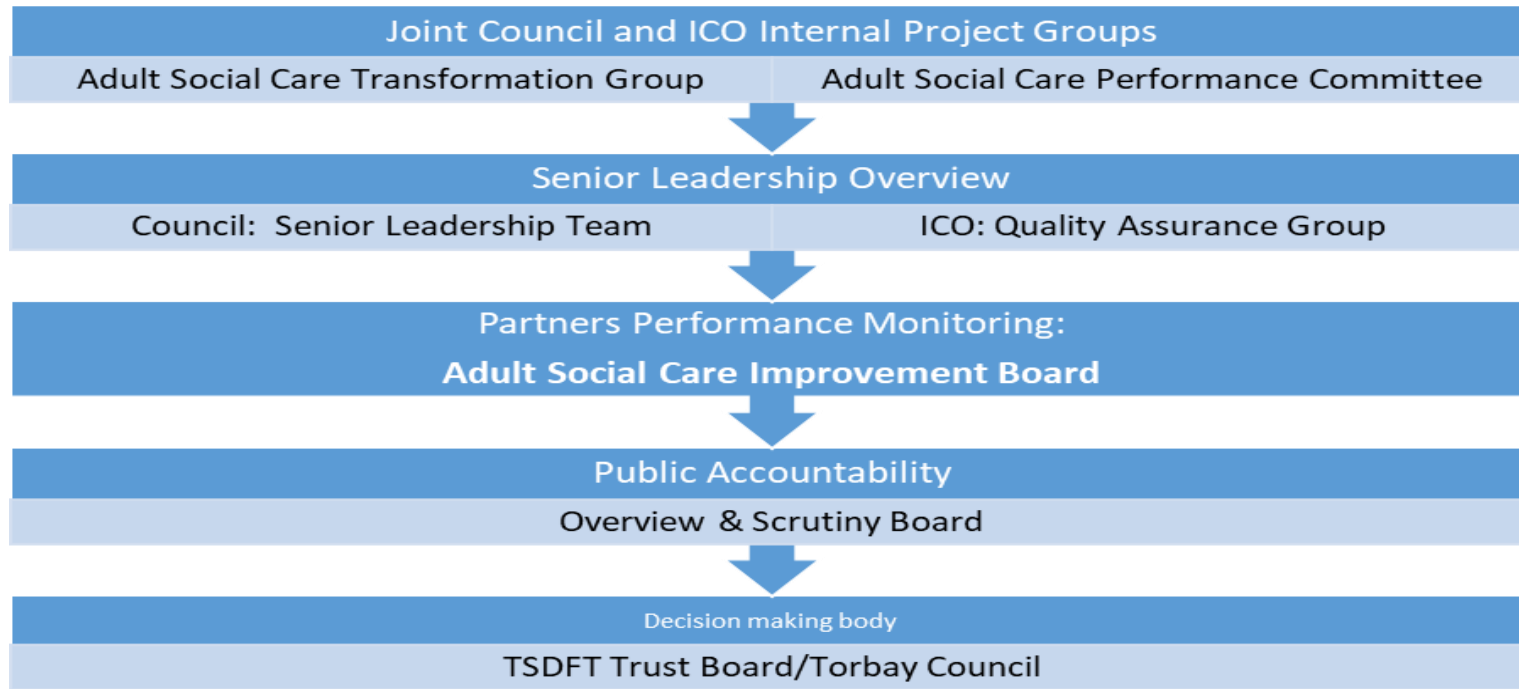
**The Torbay Adult Social Care Risk Share 2020 to 2023 agreement will be under the powers outlined in S.75 NHS Act 2006. Under these arrangements, the Council retains legal responsibilities for the provision of Adult Social Care in accordance with the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 1983, but these be delegated to Torbay and South Devon NHS Foundation Trust; and the agreement to be based upon the following conditions:**

- **A capped financial commitment from Torbay Council per year of £45 million for core spend, plus £2 million additional funding to acknowledge the spend is currently unacceptably over this level for the period of the agreement;**
- **A non-recurrent additional payment of £1 million in 2020/2021;**
- **An acknowledgement that all parties need to work together to deliver savings of £2 million per year in respect of the costs of Adult Social Care; and**
- **That the Adult Social Care Improvement Plan is incorporated into a Strategic Agreement, overseen by senior officers from all partners, with governance arrangements which ensure the Council's appropriate involvement, and includes a joint approach to maximising estates and economic development opportunities in Torbay.**

### **Summary of Reason(s) for Decision Taken:**

To continue integrated appropriate and well managed arrangements for Adult Social Care in Torbay.

**Annex 7: Adult Social Care Governance in Torbay**



ASC RECOVERY AND TRANSFORMATION WORKSTREAM	ASC PERFORMANCE COMMITTEE
<ul style="list-style-type: none"> <li>Oversight of SBA Strategy for ASC</li> <li>Training and Development programme for SBA</li> <li>Monitoring population health and demand data</li> <li>Operating Model redesign program</li> <li>Delivery of key market projects</li> <li>Market Strategy, co-design and delivery</li> <li>Oversight of ASC Delivery Plan</li> </ul>	<ul style="list-style-type: none"> <li>ASCOF performance</li> <li>Locally agreed targets</li> <li>MH Act compliance</li> <li>Routine financial reporting</li> <li>LPS Implementation</li> <li>Routine Contract Management report (LW@H)</li> <li>Audit of key functions</li> <li>QAIT &amp; Safeguarding</li> </ul>

## Annex 8: Glossary of Terms

Term	Acronym	Definition
Adult Care Strategic Agreement	ACSA	Strategic Agreement between Torbay Council and Torbay & South Devon NHS Foundation Trust for the delivery of Adult Social Care.
Adult Social Care	ASC	Care and support provided to adults who need help to live as well as possible with any illness or disability they may have.
Devon Clinical Commissioning Group	CCG	The clinical commission group party to the Risk Share Agreement
Devon Partnership Trust	DPT	DPT provide specialist mental health and learning disability services for the people of Devon, the wider South West region and nationally.
Integrated Care Model	ICM	Providing Integrated Care helps patients and their providers. It blends the expertise of mental health, substance use, and primary care clinicians, with feedback from patients and their caregivers. This creates a team-based approach where mental health care and general medical care are offered in the same setting.
Integrated Governance Group	IGG	The governance body of Torbay and South Devon NHS Trust overseeing Adult Social Care delegation and delivery
Integrated Care Organisation	ICO	Integrated care happens when NHS organisations work together to meet the needs of their local population. They bring together NHS providers, commissioners and local authorities to work in partnership in improving health and care in their area. In Torbay this refers to Torbay and South Devon NHS Foundation Trust
Local Care Partnership	LCP	The purpose of a Local Care Partnership is to enable commissioners and providers of health and care to work together to better meet the health, care and wellbeing needs of the populations they serve within the resources available. The emphasis is on “Local” with an absolute focus on supporting what is important to local communities.